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To:	U.S. Patent & Trademark Office	From:	Anton J. Hopen
Attn:	Michael J. Hayes - Art Unit 3763	Client:	1372.32
Fax:	(703) 872-9302	Pages:	9 including coversheet
Phone:	(703) 305-5873	Date:	September 25, 2003
Re:	USN 09/696,350	CC:	University of South Florida
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

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Practitioner's Docket No.: 1372.32

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard Heller et al.

Serial No.: 09/696,350

Filed: 10/24/2000

For: Electroporation Device

Examiner: Hayes, Michael J.

Art Unit: 3763

Confirmation No.: 2801

Faxed to Technology Center 3700 at (703) 872-9302
Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM


3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

OFFICIAL

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Amendment A is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3763, Attn.: Michael J. Hayes, (703) 872-9302 on September 25, 2003.

Dated: September 25, 2003


Deborah Preza

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment			Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	11	Minus	20	= 0	x \$9 =	\$0
Indep.	2	Minus	3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,


SIGNATURE OF PRACTITIONER

Reg. No. 41,849
Tel. No.: (727) 507-8558

Anton J. Hopen
Smith & Hopen, P.A.
15950 Bay Vista Drive, Ste. 220
Clearwater, FL 33760

(Amendment Transmittal—page 2)

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the nonfinal Examiner's Action mailed on June 25, 2003 the above-identified patent application is amended a first time as follows. Applicant has elected to present the amendment using the revised amendment format set forth in the waiver of 37 CFR 1.121.

AMENDMENT A

(37 C.F.R. § 1.111)